

Area 5, Central Texas
LMAZ—Rural Central Texas
San Angelo Interventions Only
Tab 7 – Intervention Selection Form

SUBPOPULATION: MMS AFRICAN AMERICAN
MMS HISPANIC
MMS WHITE
All Ages, HIV negative and positive individuals and their partners

RANKING: H

Name of Intervention	Mpowerment Project (C-16)
Risk Behavior(s)	Unprotected sex
Influencing Factor(s) or FIBs	Self efficacy Expected outcomes Social support Group norms Perceived Susceptibility
Intended Immediate Outcomes	Condom use Communication skills
Type	CLI
Setting	Community venues where young gay men congregate
Is this intervention currently being provided in your planning area?	NO
Rationale for selecting this intervention:	To provide alternative social opportunities and encourage the reduction of HIV risk behavior in this high risk subpopulation

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Subpopulation: MMS AFRICAN AMERICAN
MMS HISPANIC
MMS WHITE

Ranking: H

Name of Intervention	POPULAR OPINION LEADER (POL) AIDS/HIV RISK REDUCTION (C-18)
Risk Behavior(s)	Unprotected anal sex
Influencing Factor(s) or FIBs	Self efficacy Expected outcomes Perceived susceptibility Social support Group norms
Intended Immediate Outcomes	Reduce high risk behaviors
Type	CLI
Setting	Gay bars
Is this intervention currently being provided in your planning area?	Partially
Rationale for selecting this intervention:	Identified continued risk behavior of unprotected sex in needs assessment findings

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Subpopulation: MMS AFRICAN AMERICAN MMS HISPANIC
 FMS AFRICAN AMERICAN MEN MMS WHITE
 FMS HISPANIC MEN FMS WHITE MEN

RANKING: H

Name of Intervention	Group Counseling at STD Clinics to Promote Use of Condoms (C-8)
Risk Behavior(s)	Unsafe sexual behaviors
Influencing Factor(s) or FIBs	Self efficacy Self esteem Communication and negotiation skills Environmental facilitation (access to condoms) Peer pressure Cultural and group norms
Intended Immediate Outcomes	Increase condom use Increase knowledge about HIV STD'S
Type	GLI
Setting	STD clinic CBO lobby
Is this intervention currently being provided in your planning area?	No
Rationale for selecting this intervention:	Reduced HIV infection rate Reduced STD infection rate

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Subpopulation: MMS AFRICAN AMERICAN MMS HISPANIC
 FMS AFRICAN AMERICAN MEN MMS WHITE
 FMS WHITE MEN FMS HISPANIC MEN

RANKING: H

Name of Intervention	VOICES/ VOCES –VIDEO OPPORTUNITIES FOR INNOVATIVE CONDOM EDUCATION AND SAFER SEX (FACT SHEET PG.46)
Risk Behavior(s)	SEX WITHOUT CONDOMS
Influencing Factor(s) or FIBs	SELF EFFICACY INTENTIONS EXPECTED OUTCOMES ATTITUDES GROUP NORMS ENVIRONMENTAL FACILITATION COMMUNICATION AND NEGOTIATION SKILLS
Intended Immediate Outcomes	REDUCE STD INFECTION BY INCREASED CONDOM USE
Type	GLI
Setting	STD CLINICS
Is this intervention currently being provided in your planning area?	NO
Rationale for selecting this intervention:	INCREASED REPORTED INFECTION UNSAFE BEHAVIORS NOTED IN NEEDS ASSESSMENT

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Subpopulation: MMS AFRICAN AMERICAN MMS HISPANIC
 MMS WHITE

RANKING: H

Name of Intervention	Dot. Com –CDC research study in progress
Risk Behavior(s)	Reduce unprotected anal sex among men who have sex with men Reduce “newer using” condoms with steady and casual sex partners
Influencing Factor(s) or FIBs	Self efficacy Self esteem Peer pressure Communication and negotiation skills Cultural norms Perceived susceptibility
Intended Immediate Outcomes	Reduce high risk behaviors Increase condom usage Communication skills
Type	ILI and GLI
Setting	Internal MMS online chat-rooms
Is this intervention currently being provided in your planning area?	No
Rationale for selecting this intervention:	Increased perception of risk Reduce HIV transmission Increased condom use Increase knowledge of available resources

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Subpopulation: ALL SUBPOPULATIONS

Rankings: Same as the corresponding group in the selected HMAZ, LMAZ

Name of Intervention	Prevention Counseling/Partner Elicitation (PCPE)
Risk Behavior(s)	Substance use Sex without condoms Multiple partners
Influencing Factor(s) or FIBs	Perceived susceptibility Environmental facilitators (access to condoms and testing) Knowledge of STDs Group or Cultural Norms
Intended Immediate Outcomes	Increase proportion of HIV -infected persons who know their status Increase condom use Improve communication and negotiation skills Improve self perception of risk Provide access to condoms and testing Improve knowledge of STDs Reduce Number of sex partners
Type	Individual Level Intervention
Setting	Community based organization, STD clinics, other community-based locations
Currently provided?	Yes
Rationale for selecting intervention:	<p>Counseling, testing, referral and partner services have been recommended as an effective intervention for all populations in Texas. In the Centers for Disease Control and Prevention's <i>HIV Prevention Strategic Plan Through 2005</i>, Goal 2 is to increase the proportion of HIV-infected people in the U.S. who know they are infected through voluntary counseling and testing. The CDC's objectives to meeting this goal support the inclusion of this intervention for all populations. These objectives include: improving access to voluntary, client-centered counseling and testing in high seroprevalance populations and increasing the number of providers who provide voluntary, client-centered counseling and testing. The core elements of this intervention include risk assessment, risk reduction plan, and the option to test for HIV either anonymously or confidentially.</p> <p>The Texas CPGs recommend the following strategies to promote PCPE:</p> <ol style="list-style-type: none"> 1) Fact Sheet p. 31. <i>Culturally Tailored HIV/AIDS Risk-Reduction Messages Targeted to African-American Urban Women</i>. This 20-minute video increased the likelihood that women would view HIV as a personal risk, to request condoms, to talk with friends about AIDS, and to get tested for HIV. 2) Fact Sheet p. 34 <i>Context Framing to Enhance HIV Antibody Testing</i>

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	<p><i>Messages Targeted to African-American Women.</i> This 25-minute video emphasizes the personal losses from not testing. Women were more likely to get tested and to talk to partners about testing after this video.</p> <p>3) Single session HIV/AIDS informational education: basic informational sessions discussing risks, correct condom and bleach kit use, referrals and the like enhance participants willingness to test either during or after the session.</p> <p>4) Bar outreach: sustained, consistent presence in a bar type setting enhances testing. The specific outreach that is known to work consisted of weekly presence in the bar, with an informational table, with staff present and interacting with bar managers, performers and patrons for 2-4 hours at a time. Testing was conducted at the bar or referral made to a community-based organization. Staff gained the trust of all through their sustained efforts.</p> <p style="text-align: right;">pcpe</p>
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Subpopulation: All **high priority** subpopulations, consistent with CDC Guidance, September 1997

Rankings: Same as the corresponding group in the selected HMAZ, LMAZ

Name of Intervention	Prevention Case Management (PCM)
Risk Behavior(s)	Multiple high risk behaviors consistent with HIV Prevention Case Management Guidance, September 1997 by the CDC Substance use Sex without condoms Multiple partners
Influencing Factor(s) or FIBs	Perceived susceptibility Fatalism Self Efficacy Peer Pressure Cultural group norms
Intended Immediate Outcomes	Increase condom use Decrease number of partners Increase Self Esteem Referral for new HIV positives into Early Intervention Programs Referral of HIV positives into more intensive Intervention Programs that address the Factors Influencing the Risky Behavior.
Type	Individual Level Intervention
Setting	Community based organization, STD clinics, other locations
Currently provided?	No
Rationale for selecting intervention:	<p><i>This intervention should target only high-risk individuals, whether HIV-positive or HIV-negative, with multiple, complex problems and risk-reduction needs.</i></p> <p>This intensive, client-centered prevention activity has the fundamental goal of promoting the adoption and maintenance of HIV risk-reduction behaviors. It is suitable for individuals seeking stability and regularity in their lives and/or individuals who are reaching an action step in dealing with health concerns. PCM should include 1) client recruitment and engagement, 2) screening and assessment of HIV and STD risks and medical and psychosocial service needs, 3) development of a client-centered prevention plan, 4) multiple session HIV risk-reduction counseling, 5) active coordination of services with follow-up, 6) monitoring and reassessment of client's needs, risks, and progress, and 7) discharge from PCM services upon attainment and maintenance of risk-reduction goals.</p> <p style="text-align: right;">pcm</p>